

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Medium Buying LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>	
Mailing Address <b>815 Grandview Avenue, Suite 600</b>		Amount <b>90000.00</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>SE.5179</b>
Purpose of Expenditure <b>Media Placement</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2020</b>
Name of Federal Candidate <b>TORRES SMALL, XOCHITL, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NM</b>
Calendar Year-To-Date Per Election for Office Sought		<b>114960.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Medium Buying LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>	
Mailing Address <b>815 Grandview Avenue, Suite 600</b>		Amount <b>10000.00</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>SE.5181</b>
Purpose of Expenditure <b>Media Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2020</b>
Name of Federal Candidate <b>TORRES SMALL, XOCHITL, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NM</b>
Calendar Year-To-Date Per Election for Office Sought		<b>124960.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>100000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 25 / 2020**

Signature